Enrollment and Authorization for e-Services Program

DR-600 R. 01/03



This form can be completed online at www.myflorida.com/dor; click on "e-Services."



Note:

To enroll for multiple taxes/fees, you must use a separate form for each or enroll once online.

SECTION 1 – CHECK THE BOX THAT APPLIES						
Initial enrollment or change in filing/payment method Complete all sections. Bank change Requires 30 d Complete Sec				dress or contact person change mplete Sections 2 and 5.		
SECTION 2 – BUSINESS INFORMATION						
Business entity name						
FEIN/SSN		Tax account/certificate number (i	if different from F	FEIN/SSN)		
Contact Information for Electronic Dormanta		Contact Information for Electronic Returns				
Contact Information for Electronic Payments Name		Name				
Traine						
Mailing address		Mailing address				
City/State/ZIP		City/State/ZIP	City/State/ZIP			
Telephone number (incl. area code) Fax nu	ımber (incl. area code)	Telephone number (incl. area co	ode)	Fax number (incl. area code)		
		(,			
E-mail address		E-mail address	E-mail address			
Contact is a: company employee non-related tax preparer		Contact is a: company employee non-related tax preparer				
If tax preparer, provide Preparer Taxpayer Identification Number (PTIN):		If tax preparer, provide Preparer Taxpayer Identification Number (PTIN):				
it as preparet, provide i reparet Taspayer identification (vuilliber (i Triv).		and the second s				
If unemployment tax (UT) agent, provide UT Agent Number:		If unemployment tax (UT) agent, provide UT Agent Number:				
SECTION 3 – TAX/FEE TYPE AND FILING/PAYMENT METHOD SELECTION						
All taxes and fees that have electronic filing and/or payment options are listed in the chart below. Locate the tax you want to enroll for,						
select the reporting method you intend to use, and check the appropriate box. Note: If you wish to enroll for multiple taxes/fees, you						
must use a separate form for each one or enroll via the Department's Internet site. The online application allows you to enroll for all taxes/fees at one time.						
Tax/Fee Type Software file and pay (ACH-Debit) Software file and pay (ACH-Debit) Software file and pay (ACH-Debit)	Carrier Software (momation only) EFT only wACH-Debit Teletile wACH-Debit Teletile wACH-Debit Teletile wACH-Debit		Internet file and pay (ACH-Debit) Som.	Software file and Day (ACH.Debti) Software file only wACH-Credit* EFT only w/ACH-Debti Telefile w/ACH-Debti Telefile w/ACH-Credit*		
Tax/Fee Type / E / S / S / S Sales and use tax	(a) (T) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Tax/Fee Type	8 14	0 8 5 4 4 7 7 7 7 7 7 7 7		
Solid waste and surcharge		Insurance premium tax Mitigation fees				
Unemployment tax		Pollutants tax				
Fuel tax		Documentary stamp tax				
Communications services tax		Clerk of Court remittance				
Corporate income tax		Hwy Safety and Motor				
Corporate intangible tax		Vehicles fees Div of Retirement remittance				
Severance tax/solid minerals		Business and Professional				
Oil and gas production tax		Regulation fees				
Gas and sulfur production tax		Tobacco fees Payarara face				
1 22		Beverage feesPari-mutuel fees				

^{*} You must supply a letter that states a valid business reason for selecting the ACH-Credit method. Valid reasons include your previous use of this method in other business-related activities, or internal controls within your business regarding ACH transfers.

SECTION 4 – BANKING INFORMATION					
Bank Name	ABA Routing/Transit No	b			
Bank Account No.	This is a checking	savings account.			
If this is notification of a bank change, provide the	effective date of the change: /	/			
SECTION 5	- ENROLLEE AUTHORIZATION AND A	AGREEMENT			
	da Department of Revenue, hereinafter "the provisions of the provi				
Department to file tax returns and report	nitting this enrollment request, the Enrolle is, make tax and fee payments, and trans its the entire understanding of the parties	mit remittances to the Department			
	pertain to all paper documents filed or re mittance initiated electronically pursuant t				
this document has been personally reviewselected above, I hereby authorize the D	behalf of the business entity identified here ewed by me and the facts stated in it are to Department to present debit entries into the it), or I am authorized to register for the A s through the ACH-Credit method.	rue. According to the payment method e bank account referenced above at the			
Signature	Title	Date			
Second signature (if dual signature account)	Title	Date			
Complete and mail this form to:	Ou annull anlines	Call for assistance: General taxes			

FLORIDA DEPARTMENT OF REVENUE PO BOX 5885 TALLAHASSEE FL 32314-5885 Fax 850-922-5088

Or enroll online: www.myflorida.com/dor Click on "e-Services"

800-352-3671 (from within Florida) 850-488-6800

Unemployment tax only 800-482-8293 (nationwide)